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## BIB DATA SHEET

CONFIRMATION NO. 4853

<b>SERIAL NUMBER</b> 10/791,975	<b>FILING or 371(c) DATE</b> 03/03/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 11380.1
<b>APPLICANTS</b> John A. Kao, La Jolla, CA; <b>** CONTINUING DATA *****</b> <i>&gt; none in</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 05/21/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>Examiner's Signature</i>	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Attn: NEIL K. NYDEGGER NYDEGGER & ASSOCIATES 348 Olive Street San Diego, CA 92103 UNITED STATES				
<b>TITLE</b> System for stent placement in a vasculature bifurcation				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	